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*verified KOM*

\*\* CONTINUING DATA \*\*\*\*\*

*none KOM*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*none EDM*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR  COUNTRY NY	SHEETS  DRAWING 10	TOTAL  CLAIMS 89	INDEPENDENT  CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> May after Allowance	Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	Initials <i>KOM</i>		

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TITLE <i>KOM</i> <del>Method and apparatus for processing heart rate information in a portable computer device</del> <i>KOM</i>
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FILING FEE  RECEIVED 2364	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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